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21171 7590 11/01/2004

STAAS & HALSEY LLP
 SUITE 700
 1201 NEW YORK AVENUE, N.W.
 WASHINGTON, DC 20005

02/01/2005 MBEYENE2 00000033 10720149

01 FC:1501 1400.00 OP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/720,149	11/25/2003	Jeon-Hong Kang	1594.1318	4302

TITLE OF INVENTION: MOUNTABLE TYPE MICROWAVE OVEN

EXHAUST AND VENTILATION SYSTEM FOR MOUNTABLE TYPE MICROWAVE OVEN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 - \$1400	\$300	\$1670	02/01/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
LEUNG, PHILIP H		3742		219-757000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 STAAS & HALSEY, LLP
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAMSUNG ELECTRONICS, CO., LTD.

SUWON-SI, REPUBLIC OF KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Derek A. Auito

Date 1-28-05

Typed or printed name Derek A. Auito

Registration No. 52,576

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